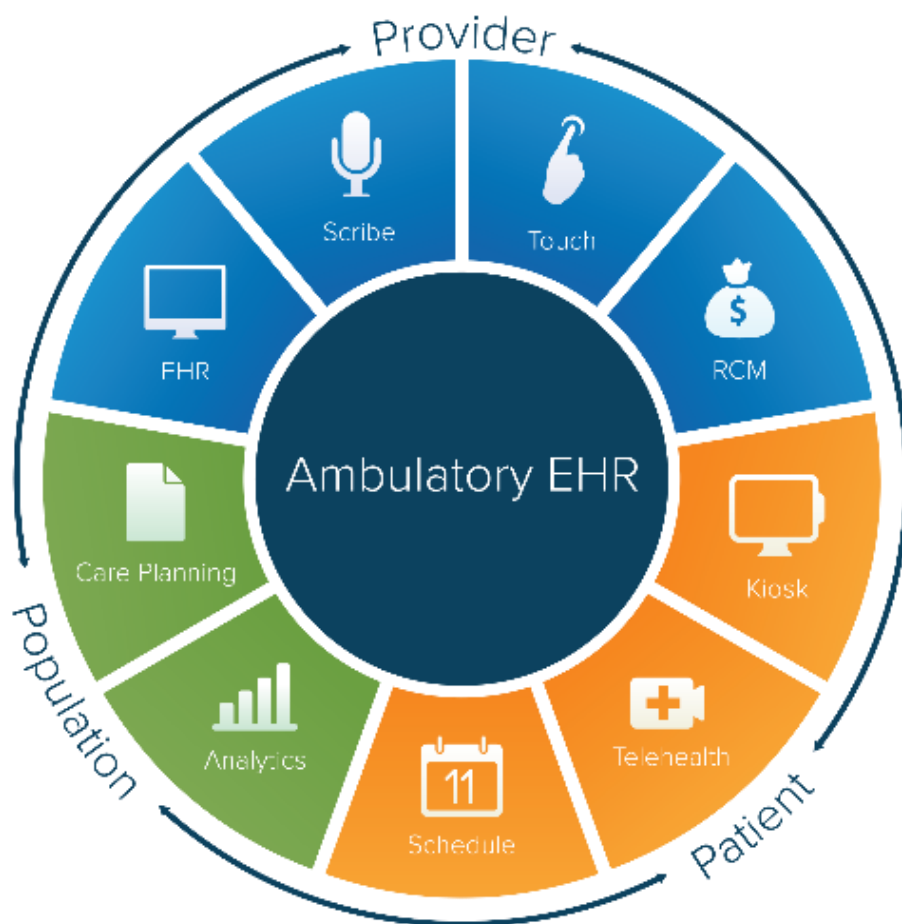


BILLING II

Kentucky Department of Public Health —April 2017



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DOCUMENT CHANGE LOG

| Date | Author | Change |
|------|--------|--------|
| | | |
| | | |
| | | |

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Patient Payments

Posting Patient Payments

Path: Billing icon > Payments

OR

Path: Patient Lookup > Select patient

To post patient payments:

1. From the Payments window, click the *Add Pt Payment* button:

OR

From the Patient Hub, click the arrow next to the *Account Inquiry* button and select *Add Patient Payment*:

Patient Hub (Smith, Donna)

Smith Donna, (35Y, F) **INFO**

100 Technology Drive, Westborough, MA-01581
 508-836-2700 | |
 donna.smith@email.com | 05/01/1980
 Account No: 9507 | Messenger Enabled: No | Web Enabled: Yes

Advanced Directive :
 Insurance :
 PCP :
 Rendering Pr :

Billing

Patient Balance : \$0.00
 Collection Balance :
 Account Balance : \$0.00
 Collection Status :
 Assigned to :

Billing Alert Guarantor Balance
 Account Inquiry **▼** Billing Logs
Add Patient Payment

Last Appointment : 08/02/2015 08:00 AM
 Facility : Test:Test

Structured Data

Seasonal
 Veteran
 Homeless
 Migrant
 Limited English Proficiency
 Pet's Names
 wiz
 do u smoke?

Progress Notes + Patient Docs Action **▼** New Tel Enc
 Medical Summary Devices **▼** Logs **▼** New Web Enc

Labs **DI** **Referrals**
Actions **Tel Enc** **Web Enc**
Docs **P2P**

- From the Guarantor Lookup window, select the patient or guarantor:

Guarantor Lookup

Guarantor Name **▼** Name

OK

- From the Patient Payment window, enter the amount and payment method:

Receive Payments

Patient Payment

Guarantor **Smith, Donna** **Sel** **Info** **Hub**
 DOB: 05/01/1980 Age: 35Y Sex: F
 Tel: 508-836-2700, Acct No: 9507
 WebEnabled: Yes

Batch No 0 Date 03/08/2016

Facility **▼**

Memo

Amount \$ **0.00**
 Pmt. Method Credit Card **▼**
 Check No.
 Unapplied Amount: 0.00

4. Locate the claims against which the payment must be posted:

- Click the *Claims* button.

From the Payment Posting window, select the claims and click *OK*:

5. Click the *Auto Post* button to apply the patient payment to the oldest claims.

Click the *Post CPT* button to view/post the patient payment at the line item level:

Payment Posting (Smith, Donna)

Smith, Donna DOB: 05/01/1980 Age: 35Y Sex: F Payment: 131, Claim No: 1982, Provider: Willis, Sam, Multi

Account Inquiry Options Print

View Claims Fee Schedule Master Fee Sched Check CPT Payers CPT Adj CPT Post Show Msg Codes

Payment Posting View Payments

| Service Dt | POS | Units | Code | Billed | Allowed | Deduct | CoPay | Paid | Adjust | Withheld | Code |
|------------|-----|-------|-------|--------|---------|--------|-------|------|--------|----------|------|
| 03/08/2016 | 24 | 1.00 | 99212 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 03/08/2016 | 24 | 1.00 | 38221 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 03/08/2016 | 24 | 1.00 | 20240 | 20.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Total Payment Posted for Claim: 60.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Financial Adjustments: Write Off \$0.00 Add Edit CPT

CPT Posted Show Code Amt

Current Balance \$60.00 Net Balance \$60.00

Clms (F4) Auto Post

Claim Id: 1982 Smith, Donna 03/08/2016 abdominal pain 60.00 60.00 0.00

Posted By: Willis, Sam, Multi Locked By:

Date & Time: 3/8/2016, 4:07:58 PM

Print Receipt Visits Claims Delete Post CPT Save & View (F7) OK (F8) Cancel (F9)

OR

Click the *Claims* button and select the claims manually to post to specific claims.

Payment Posting

Patient Based Insurance Based Guarantor Based

Smith Donna 35Y, F Sel Info Hub

DOB: 05/01/1980

Tel: 508-836-2700

Acct No: 9507

WebEnabled: Yes, Eligibility Status: Not Eligible

Facility: Search

Sort By: Claim Balance > 0 Get Claims

| | Patient | Claim No | Service Date | Pvd | Facility | Claim Amount | Claim Balance | Patient Balance | Last Statement |
|-------------------------------------|--------------|----------|--------------|-----|----------|--------------|---------------|-----------------|----------------|
| <input checked="" type="checkbox"/> | Smith, Donna | 1982 | 03/08/2016 | SW | ASC | 60.00 | 60.00 | 60.00 | |

No. of Results: 20 1 - 1 of 1 results. PREV Page 1 of 1 NEXT

Apply OK Cancel

Posted By: Willis, Sam, Multi Locked By:

Date & Time: 3/8/2016, 3:28:24 PM

Print Receipt Visits Claims Delete Post CPT Save & View (F7) OK (F8) Cancel (F9)

6. Click "Print Receipt" button, if a receipt is requested

Claims Paid (with this payment)

Auto Post Gr. Clms (F3)Auto Post Pt. Clms (F4)Auto Post

| Claim Id | Patient Name | Svc Dt. | Appt. Reason | Clm Balance | Pat Balance | Payment |
|----------|-----------------|------------|--------------|-------------|-------------|---------|
| 473 | Test, Annemarie | 10/08/2015 | | 82.60 | 82.60 | 25.00 |

Posted By: eclinicalworks,supportLocked By:Date & Time: 10/7/2016, 9:32:43 AM

Print Receipt

Visits

Claims

Delete

Post CPT

Save & New (F7)

OK (F8)

Cancel (F9)

Insurance Payments

Posting Insurance Payments

Insurance payments can be posted manually with paper EOBs, or electronic with ERAs.

Manually Posting Insurance Payments with Paper EOBs

Path: Main menu > Billing icon > Payments

Insurance payments can be manually with paper EOBs and posted to the respective claims.

To post insurance payments with paper EOBs:

1. From the Payments window click the *Add Ins Payment* button.
2. From the Insurance Lookup window, select the insurance company.
3. From the Payments window, enter the payment information, and click *Payment Advisory*:

The screenshot displays the eClinicalWorks 10e interface. The main window is titled "Payments" and shows a list of payments. A red box highlights the "Add Ins Payment (F3)" button in the top toolbar. Below this, the "Insurance Payment" form is visible, with a red box around the "Sel" button for facility selection. To the left, the "Insurance Lookup" dialog is open, showing a search for "Insurance Name" and an "OK" button. The "Insurance Payment" form includes fields for Facility (eClinical Clinic), Type (Check), Check No., Batch No., Amount \$, Received Date (03/09/2016), Check Date, EOB Date, Notes, and a "Payment Advisory" button at the bottom. The bottom status bar shows "No. of Results: 50", "1-1 of 1 results", "Total Amount: 0.01", "Total Posted Amount: 0.00", "Page Total: 0.01", "Page Posted Amount: 0.00", and navigation buttons "First" and "Prev".

- From the Patient Advisory window, search for individual claims against which the payment must be posted by entering the unique claim identification number in the *Claim ID* field.

OR

Click *Add Claims*, and from the Payment Posting window, check the boxes next to the claims and click *OK*:

- From the Payment Advisory window, select each claim and click *Post CPT* to post the payment on the line item level:

6. Post the payment.
7. (Optional) If applicable, write-off the remaining amount on the claim.
8. Assign the remaining balance to the patient's Secondary Insurance using the short cut on the left-hand side or check the *Auto Assign Claim* box:

Payment Posting (Insurance)

Smith, Donna DOB 05/01/1980 Age 35Y Sex F Info Hub Payment 135, Claim No 1995, Provider-Willis, Sam,Multi Account Inquiry Options Print

View Claim Fee Schedule Master Fee Sched Check CPT Payers CPT Adjs CPT Pmts Show Msg Code Payment(s) View Payment

CPT Payments All Use CPT Totals Show CPT Balance Show FeeSch Allowed Post CA

| Service Dt | POS | Units | Code | Billed | Allowed | Deduct | Coins | CoPay | Paid | Adjust | Withheld | Code |
|------------|-----|-------|-------|--------|---------|--------|-------|-------|------|--------|----------|------|
| 03/09/2016 | 11 | 1.00 | 99213 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 03/09/2016 | 11 | 1.00 | 90887 | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| 03/09/2016 | 11 | 1.00 | 3301F | 50.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Total Payment Posted for Claim 200.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Claim Assignment and Status

| Code | Assign Claim To |
|------|---------------------|
| BP | Bill Primary (F5) |
| BS | Bill Secondary (F6) |
| BT | Bill Tertiary (F7) |
| PT | Bill Patient (F8) |

Assign Claim to: BP (F5) BS (F6) BT (F7) PT (F8)

Update Claim Status: Patient

Set Claim Status: Pending

☒ **Auto Assign Claim**

Set claim to Electronic (Cof-F10) Set status to HCCA (Cof-F8)

Financial Adjustments

Write Off \$200.00 Add Post CPT ...

| CPT Posted | Date | Code | Amt |
|------------|------|------|-----|
|------------|------|------|-----|

Current Balance: \$200.00
Net Balance: \$200.00

99213 : Office Visit, Est Pt., Level 3

Auto Post (F2) Save & Next (F3) Post Payment (F4) Close (F11)

9. (Optional) Enter any billing message code for statement in the Patient Statement section:

Claim Assignment and Status

| Code | Assign Claim To |
|------|---------------------|
| BP | Bill Primary (F5) |
| BS | Bill Secondary (F6) |
| BT | Bill Tertiary (F7) |
| PT | Bill Patient (F8) |

Assign Claim to: BP (F5) BS (F6) BT (F7) PT (F8)

Update Claim Status: Patient

Set Claim Status: Pending

☒ **Auto Assign Claim**

Set claim to Electronic (Cof-F10) Set status to HCCA (Cof-F8)

Financial Adjustments

Write Off \$200.00 Add Post CPT ...

| CPT Posted | Date | Code | Amt |
|------------|------|------|-----|
|------------|------|------|-----|

Current Balance: \$200.00
Net Balance: \$200.00

99213 : Office Visit, Est Pt., Level 3

Auto Post (F2) Save & Next (F3) Post Payment (F4) Close (F11)

10. After the payment is posted and the balances resolved, click Close (or Save and Next) to complete the posting process for this claim.
11. If the paper EOB has to be scanned into the system, from the Payment Advisory window, click *Scan* to scan the EOB into the payment

Posting Insurance Payments with ERAs

Path: Main menu > Billing icon > ERA

ERA's will be automatically imported daily. Insurance payments can also be automatically posted to the respective claims using the Electronic Remittance Advice (ERA) feature in eClinicalWorks.

To post insurance payments with ERAs:

1. From the Billing band, click on the ERA icon.
2. Filter for Un-Posted ERA's. Set additional filters as needed to further refine your selection.
3. Highlight the ERA can click "View ERA" to view the human readable ERA.

View Selected ERA

eRemittance - COVENTRYCARES OF KENTUCKY

Payee : KY DEPT PUBLIC HEALTH (CLAIMREMED1)
275 E MAIN ST H51-WB
FRANKFORT KY 406012321

Date: 12/04/2015
NPI: 1295923183
TIN: 610600439
Reference ID: EFT704732155-0103
Amount: \$455.30

Payor : COVENTRYCARES OF KENTUCKY (133052274) , (25133) , ()
9900 CORPORATE CAMPUS DR
LOUISVILLE KY 40223

Explanation of Payment

Claims: 1

(1)

| | | | | | |
|-----------------------|-------------------------|-------------------|-------------|-------------------|----------|
| Patient Name | [REDACTED] | Patient ID | 83045725301 | Claim Status | 1 |
| Subscriber Name | [REDACTED] | Payer Claim ID | 8533610273 | Claim Amount | \$141.10 |
| Provider Name | [REDACTED] | Provider Claim ID | 510 | Paid Amount | \$139.10 |
| Claim Statement Dates | 11/19/2015 - 11/19/2015 | Received Date | 12/02/2015 | Pt Responsibility | - |

Claim Status Description : Processed as Primary

| Serv Date | Units | Serv Code | Billed | Paid | Allowed Adjustments |
|-------------------------|-------|-----------|---------|---------|-----------------------|
| 11/19/2015 - 11/19/2015 | 4 | AD-D1351 | \$76.00 | \$76.00 | \$76.00 CO-45: \$2.00 |
| 11/19/2015 - 11/19/2015 | 1 | AD-D1120 | \$48.10 | \$48.10 | \$48.10 |
| 11/19/2015 - 11/19/2015 | 1 | AD-D1206 | \$15.00 | \$15.00 | \$15.00 |

Adjustment Group Codes
CO : Contractual Obligations

Adjustment Reason Codes
45 : Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR or CO depending upon liability)

Print Cancel

4. Select your Facility from the drop down and Click *ePost* to automatically post this payment against the respective claims.

eClinicalWorks 10e

ERA

ERA Process

File: Import ERA | Facility: [All] | Select on Default Facility: [Offices] | Mark as Paid

Filter ERA

Posting Status: Un-Posted | Posted Date: 12/02/2015 | To: 12/02/2015 | Select: Payor: [All] | Tax ID: [All] | Filter

Payment Line: [All] | Posted by: [All] | Select: Payor: [All] | NPI: [All]

Copy | Order | View ERA | Explanation Reports | Payments

| STATUS | FILE | CHCCL | PAYOR | POSTED BY | POSTED DATE | PRACTICE NAME | MET ID | DATED | TRACE# | AMOUNT |
|--------|------|-------|----------------|-----------|-------------|---------------|----------------------|------------|-------------------|---------|
| U | 28 | 20 | COVENTRYCARE.. | | | | Associated Charge... | 12/02/2015 | EFT704732155-0200 | 1263.70 |

- The *Exception Report* will automatically display a report of all of the claims against which the payments were not posted, primarily because of missing information. View and Close. If desired, click "Print" to print the report or "Copy" to display the details in Text or Excel format. Click "Close" to close the window. To view this report again, click *Exception Report*.

Expection Report

The screenshot shows a window titled "Posting Status" with a blue header bar. Below the header, there are three sections: "Payor Details", "Payee Details", and "Payment Details".

| Payor Details | Payee Details | Payment Details |
|--|---|---------------------------------------|
| Payor Name COVENTRYCARES OF KENTUCKY | Payee Name KY DEPT PUBLIC HEALTH | Date 12/07/2015 |
| Address: P.O. Box 7812,, City London, State KY. | | Amount \$0.00 |
| Zip 40742-7812 | | Referene No. EFT704732155-0303 |
| Payor ID (133052274),(25133) | | |

Below these sections is a section titled "eRemittance Posting Report". It contains a "Claims Detail" table with the following information:

| Claims Detail |
|---|
| Information ----- eRemittance Posting Report ----- |
| Error Claim 517, CPT Code = D1120 is Not Found, for Service date 2015-11-30 |
| Error Claim 517, CPT Code = D1206 is Not Found, for Service date 2015-11-30 |
| Information Number of Claims processed: 1 |
| Status success |
| Information Created payment id 98 |

At the bottom right of the window, there are three buttons: "Copy", "Print", and "Close". The "Close" button is highlighted with a red box.

- To view the posted payment, from the *Billing* band click on the *Payment* icon and follow steps in the "*Manually Posting Insurance Payments with Paper EOBs*" to review and make changes.

Deleting Payments

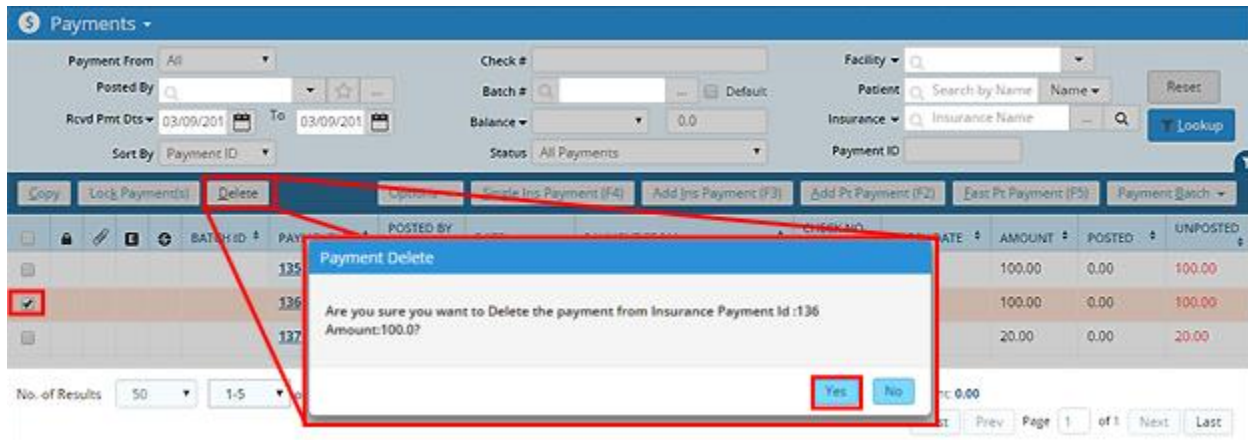
Path: Main menu > Billing icon > Payments

Delete payments from the Payments window.

To delete payments:

- From the Payments window, search for the payment.
- Check the box next to the payment and click *Delete*.

A confirmation message displays.

3. Click **Yes**:

The payment is deleted.

Locking Payments

Path: Main menu > Billing icon > Payments

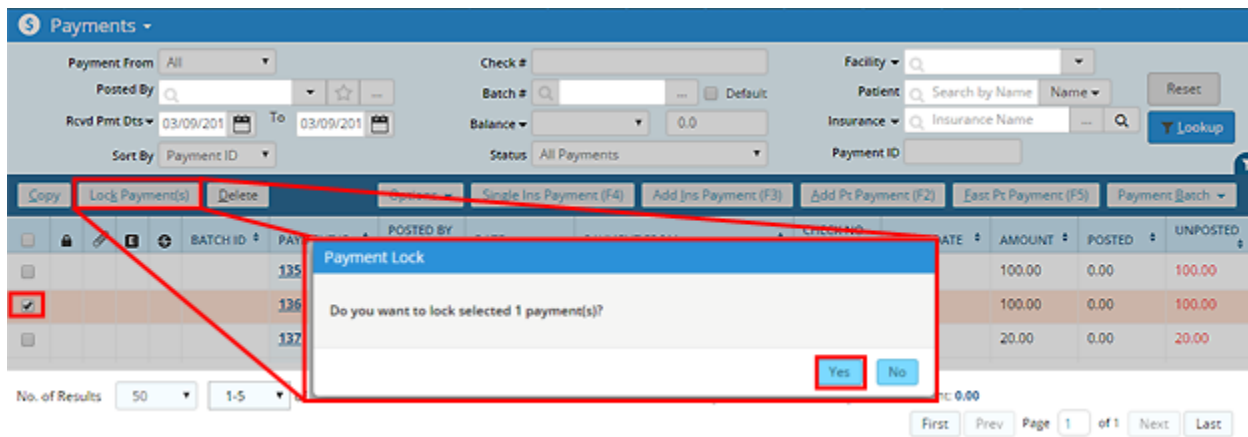
Lock payments from the Payments window to prevent any changes to that payment.

To lock payments:

4. From the Payments window, search for the payment.
5. Check the box next to the payment and click **Delete**.

A confirmation message displays.

6. Click **Yes**:



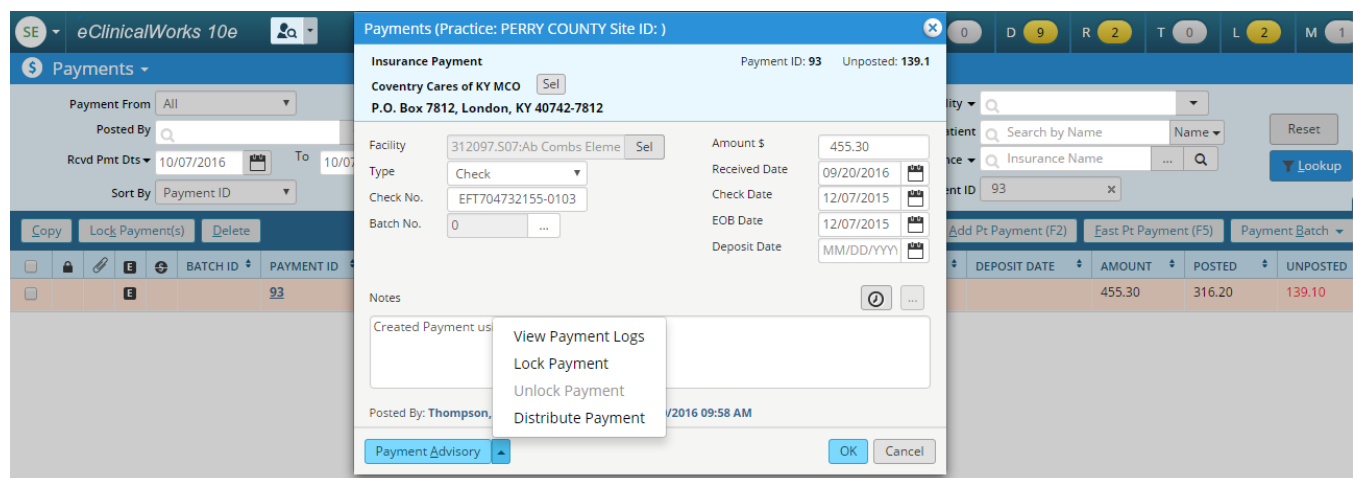
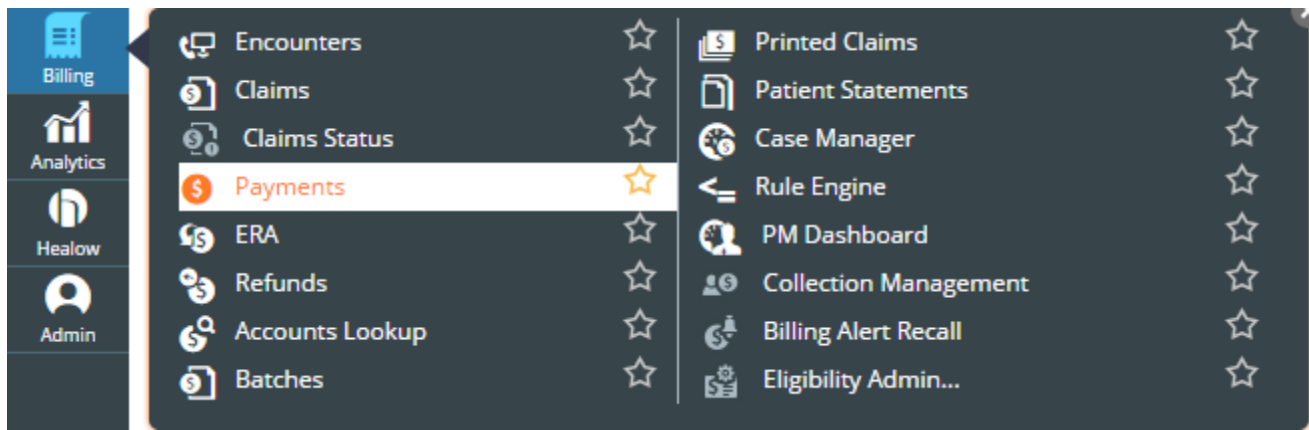
The payments are now locked.

Distribute Payments

The Distribute Payment feature will divide one payment into two or more payments based on the claim's insurance. Payments can be distributed individual or in a batch.

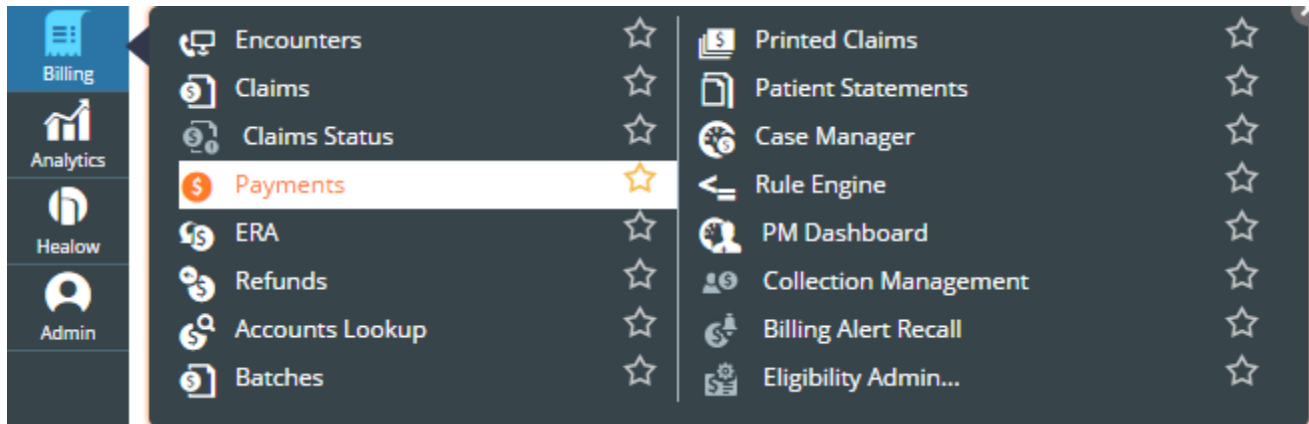
Split one payment at a time:

1. From the Billing band, Payment screen, double click on the payment to open.
2. From the green drop down next to Payment Advisory, select "Distribute Payment".



Split multiple payments in a batch:

1. From the Billing band, Payments icon, check off payments to be distributed.
2. Click the green drop down next to Options and select "Distribute Payments"



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Payments

Payment From: All
 Posted By: [Search]
 Rcvd Pmt Dts: 10/07/2016 To 10/07/2016
 Sort By: Payment ID

Check #: [Search]
 Batch #: [Search] Default
 Balance: 0.0
 Status: All Payments

Facility: [Search]
 Patient: Search by Name Name
 Insurance: Insurance Name
 Payment ID: [Search]

Reset Lookup

Copy Lock Payment(s) Delete Options Single Ins Payment (F4) Add Ins Payment (F3) Add Pt Payment (F2) East Pt Payment (F5) Payment Batch

| | BATCH ID | PAYMENT ID | P | FROM | CHECK NO | CHECK DATE | DEPOSIT DATE | AMOUNT | POSTED | UNPOSTED |
|-------------------------------------|----------|------------|---|------------------------|--------------|------------|--------------|--------|--------|----------|
| <input checked="" type="checkbox"/> | | 96 | e | enemarie | 12435 | | | 100.00 | 100.00 | 0.00 |
| <input checked="" type="checkbox"/> | 4 | 97 | e | a Caresource KY Med... | 7865432 | 10/07/2016 | | 50.00 | 0.00 | 50.00 |
| <input checked="" type="checkbox"/> | | 98 | e | y Cares of KY MCO | EFT704732... | 12/07/2015 | | 0.00 | 0.00 | 0.00 |

New Payment Defaults
 Distribute Selected Payments
 Global Payment Default
 Enter Deposit Date For Selected Pmts
 Enter Deposit Date For Batch#

Posting Interest Payments

1. Create a dummy patient to post the interest to, completing all demographic mandatory fields. Mark patient "Self-Pay".

New Patient Information

Account No: Prefix: Date Of Birth*: 10/07/2016 Age: 0D

Last Name*: INTEREST Suffix: Sex*: Male ☐ Transgender

First Name*: PURCHASE INT MI: SSN: Parent Info:

Previous Name: Select: Set Emergency Contact:

Address Line 1: Resp Party:

Address Line 2:

Insurance (0) **Pharmacies (0)** **Contacts** **Attorneys** **Case Management** **Circle of Care**

Insurance ☒ Self Pay

| Name | State | Subscriber No | Rel | Insured | Co Pay | Group No |
|------|-------|---------------|-----|---------|--------|----------|
| | | | | | | |

2. Create a claim for Interest patient using the "Claim Creation from Claims Screen, No Encounter" workflow, selecting your main/default provider and your county as the Facility.

Create Claim

Provider: Willis, Sam, Multi

Resource: Willis, Sam, Multi

Facility: Pike: Pike County Health De

Service Date: 10/07/2016

Patient: INTEREST, PURCHASE INT

POS: 11

Select Claim Type

☒ Professional (HCFA) ☐ Anesthesia Claim (HCFA)

☐ Institutional (UB)

☐ Dental

3. Enter INT in ICD Code field and INTER in CPT code field. Enter the interest payment amount as the Billed Fee.

Claim (Practice: , Site ID:)

INTEREST, PURCHASE INT 0D, Male | 10/07/2016 | No | Acc #ECW11607 | Info | Hub

Claim No: 609 | Appt Facility: Pike:Pike County Health ... | POS: 11 | Billing: Willis, Sam,Multi ...

Service Date: 10/07/2016 | Servicing Provider: Willis, Sam,Multi ... | Rendering: Willis, Sam,Multi ...

Claim Date: 10/07/2016 | Resource: Willis, Sam,Multi | Supervisor: Willis, Sam,Multi ...

Copay: 0.00 | Pt. Uncovered Amt: 0.00 | Claim Status: Patient

Ready to Submit (F6) | Set Status to HCFA (F7) | Set Claim to Electronic (F8)

ICD & CPT | Insurances & Payment | Additional Information

ICD Codes (0) | Map to ICD10 | Prev Dx | Add | Remove

| # | Code | Name |
|---|------|------|
| * | INT | |

Insurances

| Name |
|------|
|------|

Labs/Diagnostic Imaging/Imm

| # | IH/SO | Type | Name |
|---|-------|------|------|
|---|-------|------|------|

CPT/HCPCS (0) | Add | Update | Remove | Fee Schedule: Medicare Fee Sche

| # | Code | POS | TOS | SDOS | EDOS | M1 | M2 | M3 | M4 | ICD1 | ICD2 | ICD3 | ICD4 | Units | Billed Fee | Pro Id |
|---|---------|-----|-----|------------|------------|----|----|----|----|------|------|------|------|-------|------------|--------|
| * | ✓ INTER | 11 | 1 | 10/07/2016 | 10/07/2016 | | | | | 1 | | | | 1 | \$2.66 | |

Summary | Error | Claims Logs | Suppressed Error

Billing Notes

Patient Portion

| | | Total |
|------------------------|------|--------------|
| Patient Responsibility | 0.00 | Charges |
| Payments | 0.00 | Payments/Adj |
| Balance | 0.00 | Balance |

Header | Data | Option ▲ | Print HCFA (02-12) ▲ | Adjustments | Prog. Notes | CPT Payers | OK | Cancel

4. Note claim number and click "OK" to close the claim.
5. From the payments screen, post the insurance payment to the interest claim following the "Post Insurance Payments from EOB" workflow.
6. Confirm the claim balance is \$0.00 after posting the payment.

Unposted Payments

It is important that all payments be posted to the claim level. To locate your unposted payments:

1. Go to Billing Band, Payments Icon.
2. Filter Status: All Unposted Insurance Patient Payments (All Dates) and All Unposted Patient Payments (All Dates).
3. Double Click on each payment to open the payment and post the payment to appropriate claims.

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eClinicalWorks 10e

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1

Payments

Payment From

All

Posted By

Rcvd Pmt Dts

10/07/2016

To

10/07/2016

Sort By

Payment ID

Check #

Batch #

Default

Balance

0.0

Status

All Unposted Insurance Payments (All Dates)

Facility

Patient

Search By Name

Name

Insurance

Insurance Name

Payment ID

Reset

Lookup

Copy

Lock Payment(s)

Delete

Options

Single Ins Payment (F4)

Add Ins Payment (F3)

Add Pt Payment (F2)

Fast Pt Payment (F5)

Payment Batch

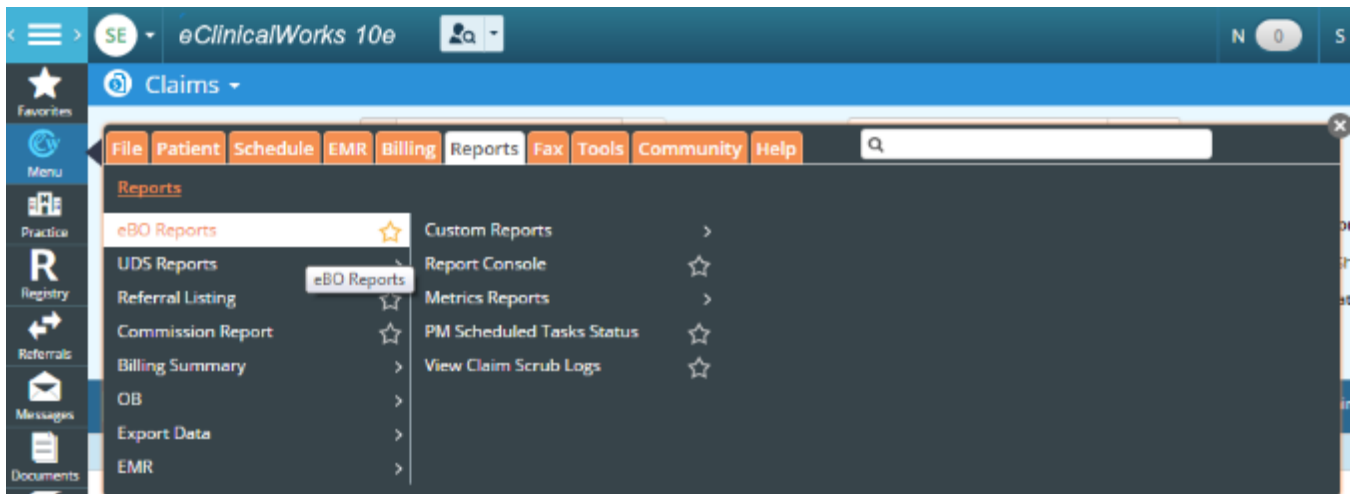
| | | | | BATCH ID | PAYMENT ID | POSTED BY | DATE | PAYMENT FROM | CHECK NO | CHECK DATE | DEPOSIT DATE | AMOUNT | POSTED | UNPOSTED |
|--|--|--|--|----------|------------|----------------|------------|-----------------------------|--------------|------------|--------------|----------|--------|----------|
| | | | | | 71 | Price, Jessica | 10/06/2015 | WellCare KY Medicaid MCO | | 09/29/2015 | | 150.00 | 0.00 | 150.00 |
| | | | | | 72 | Wood, Lar... | 10/06/2015 | Coventry Cares of KY MCO | | | | 125.00 | 19.50 | 105.50 |
| | | | | | 76 | Price, Jessica | 10/06/2015 | Passport KY Medicaid MCO | | | | 50.00 | 0.00 | 50.00 |
| | | | | | 79 | Huckabee,... | 10/06/2015 | Passport KY Medicaid MCO | 00125879 | | | 199.60 | 0.00 | 199.60 |
| | | | | | 82 | Biggs, Patr... | 10/06/2015 | Passport KY Medicaid MCO | | | | 1,500.00 | 0.00 | 1,500.00 |
| | | | | | 83 | Wood, Lar... | 10/06/2015 | Medicaid Traditional KY | | | | 300.00 | 0.00 | 300.00 |
| | | | | | 85 | Wood, Lar... | 10/06/2015 | Coventry Cares of KY MCO | | | | 300.00 | 63.00 | 237.00 |
| | | | | | 88 | Biggs, Patr... | 10/06/2015 | Coventry Cares of KY MCO | | | | 500.00 | 423.30 | 76.70 |
| | | | | | 89 | Wood, Lar... | 10/14/2015 | Medicaid Traditional KY | | | | 50.00 | 0.00 | 50.00 |
| | | | | | 93 | Thompson... | 09/20/2016 | Coventry Cares of KY MCO | EFT704732... | 12/07/2015 | | 455.30 | 316.20 | 139.10 |
| | | | | | 95 | Thompson... | 09/20/2016 | Medicaid Traditional KY | 852 | 09/20/2016 | | 123.00 | 0.00 | 123.00 |
| | | | | 4 | 97 | eclinicalwo... | 10/07/2016 | Humana Caresource KY Med... | 7865432 | 10/07/2016 | | 50.00 | 0.00 | 50.00 |

End of Day Process

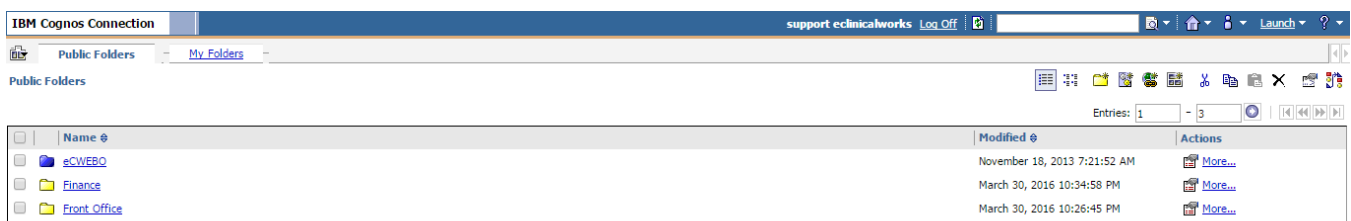
Day Sheet Summary

Once all payments have been posted, you can run a report reflecting all payments posted by user.

1. From the Reports menu, click eBO Reports.
2. Log into eBO:



3. Select eCWEBO



4. Select 1-Daily Report

IBM Cognos Connection support eclinicalworks Log Off

Public Folders My Folders

Public Folders > eCWEBO

Entries: 1 - 14

| Name | Modified | Actions |
|------------------------------------|----------------------------|---------|
| 1 - Daily Reports | March 30, 2016 9:57:20 PM | More... |
| 2 - Month End Reports | March 30, 2016 9:58:23 PM | More... |
| 3 - Financial Reports | March 30, 2016 10:36:06 PM | More... |
| 4 - Administrative Reports | March 30, 2016 9:59:40 PM | More... |
| 5 - Clinical Reports | March 30, 2016 10:00:21 PM | More... |
| 6 - Commonly Used Reports | March 30, 2016 10:01:01 PM | More... |
| 8 - API Reports | March 30, 2016 10:01:48 PM | More... |
| 9 - Enterprise Directory Reports | March 30, 2016 10:02:32 PM | More... |
| Statements | March 30, 2016 10:03:14 PM | More... |
| Community Health Center | March 30, 2016 10:03:57 PM | More... |
| Custom Reports | March 30, 2016 10:04:37 PM | More... |
| What's New | March 30, 2016 10:05:50 PM | More... |
| eClinicalWorks eBO Report Template | March 30, 2016 10:06:25 PM | More... |
| Version | March 30, 2016 10:07:16 PM | More... |

5. Select 11-Front Office

IBM Cognos Connection support eclinicalworks Log Off

Public Folders My Folders

Public Folders > eCWEBO > 1 - Daily Reports

Entries: 1 - 3

| Name | Modified | Actions |
|-------------------|-------------------------------|---------|
| 11 - Front Office | November 15, 2013 12:24:42 PM | More... |
| 12 - Back Office | February 26, 2013 12:34:46 PM | More... |
| 13 - Admin | October 30, 2013 9:00:54 AM | More... |

6. Select 11.04 Day Sheet – Payments By User

IBM Cognos Connection support eclinicalworks Log Off

Public Folders My Folders

Public Folders > eCWEBO > 1 - Daily Reports > 11 - Front Office

Entries: 1 - 5

| Name | Modified | Actions |
|--|-------------------------------|---------|
| 11.01 - Day Sheet - Payments by User | September 12, 2013 8:32:45 AM | More... |
| 11.02 - Co-Pay Report MSSQL | November 15, 2013 12:18:09 PM | More... |
| 11.02 - Co-Pay Report MySQL | November 15, 2013 12:28:40 PM | More... |
| 11.03 - Day Sheet - Payments by User with security | April 18, 2013 7:34:52 AM | More... |
| 11.04 - Day Sheet - Payments By User with Batch ID | April 18, 2013 7:36:15 AM | More... |

7. Select Date

8. Select user name

Day Sheet - Payment by User

☒ PRE - SET DATE PROMPT

Today

Oct 8, 2015

Oct 7, 2016

☐ CUSTOM DATE PROMPT

Report Type:

All Details

Facility Name:

Phelps Elementary
 Phelps High School
 Picadome Elementary
 Pike County Central High School
 Pike County H.D. - Belfry
 Pike County Health Department
 Pikeville Elementary School
 Pikeville High School
 Pineville City School Bell County
 Pippa Passes Head Start - Knot
 Potter Gray Elementary

[Select all](#)
[Deselect all](#)

Keywords:
 Type one or more keywords separated by spaces.
 eclinicalworks

Search

[Options](#)
Results:

eclinicalworks, support

[Select all](#)
[Deselect all](#)

Choices:

eclinicalworks, support

[Select all](#)
[Deselect all](#)

User Name:

Insert

Remove

☐ Exclude Staff

Refresh Prompt

[Deselect](#)

OK

Cancel

| | | | | | | |
|--|---------------------------|-------------------------------------|-------------------|-------------------|------|-----------------|
| Cognos Viewer - 11.01 - Day Sheet - Payments by User | | support eclinicalworks | | Log Off | Home | About |
| | | Keep this version | | | | Add this report |
| Day Sheet - Payment By User | | | | | | |
| Facility: Pike County Health Department | | Entered by: eclinicalworks, support | | Date Range: Today | | |
| Total Payments | Payments Posted to Claims | Payments Without Claims | Unposted Payments | | | |
| | | | \$75.00 | | | |

23

Claim Follow Up

Working Denied Claims

1. From the Claims screen, filter for claims with status of "ERA Payer Denied."
2. Enter date range and any other applicable filters such as Facility/Practice or Insurance/Insurance Group
3. Click Lookup to display the list of claims to be worked.

4. Double click the first claim to open and review. Click on Billing Logs to review claim history. Click on Progress Notes to review provider notes.
5. Click on the Insurance & Payments tab and double click the Payment to open. Review ERA/EOB to determine reason for denial.
6. If additional information is needed, create an Action or assign the claim for follow up using the claim right chart panel.

See sections on **Working with Actions** and **Right Chart Panel** for more details on assigning claims and creating Actions

| # | Id | Date | From | Allowed | Deduct | Coins | Copay | Paid | Adjust | Withheld | Code |
|---|-----|------------|---------|---------|--------|-------|-------|-------|--------|----------|------|
| 1 | 100 | 10/07/2016 | Patient | 0.00 | 0.00 | 0.00 | 0.00 | 25.00 | 0.00 | 0.00 | |
| 2 | 101 | 10/07/2016 | Patient | 0.00 | 0.00 | 0.00 | 0.00 | 10.00 | 0.00 | 0.00 | |

| Patient Portion | | Total | |
|------------------------|--------|--------------|--------|
| Patient Responsibility | 25.00 | Charges | 100.43 |
| Payments | 35.00 | Payments/Adj | 35.00 |
| Balance | -10.00 | Balance | 65.43 |

7. Make necessary correction and change the claim status to Ready to Submit (F6).
8. If payor requires Resubmittal details, click on claim Header button and complete required fields.

Claim

Claim ▸ Claim Header

Patient Data

Residence Type : Private Home ▾

Student Status : ▾

Employment Status : Employed full-time ▾

Claim Editing Indicator / Plan Type : ▾

Claim Type : Medical ▾

Miscellaneous Services

Health Kids Services : ☐ Yes ☐ No

Family Planning : ☐ Yes ☐ No

Sterilization / Abortion : ☐ Yes ☐ No

Facility/Lab ID Number :

FacilityType : ...

Resubmittal ☐

Resubmission Code : ...

Resubmission Reference Number :

Reserved for Local Use (HCFA Paper Claim Only)

HCFA 10d :

HCFA 19 :

Claim Note :

Provider Assignment Indicator (HCFA Box 27)

A ... Assigned

Delay Reason : ...

Ambulance Transport Information Contract Information

OK Cancel

9. Click OK to save and close Header
10. Click OK to save and close Claim
11. Continue to work through all claims until complete.

Working Unpaid Claims

1. From the Claims screen, filter for claims submitted to payors with no response.
2. Choose the Claim Status of Insurance Accepted or Submitted to display claims with no response (payment or denial) from payor.
3. Select appropriate date range (use Submitted Dates to display claims based on last submitted date) and any other filters required such as Practice or Insurance.
4. Click Lookup.

The screenshot shows the 'Claims' screen in the eClinicalWorks system. The interface includes a top navigation bar with 'Claims' selected. Below this, there are several filter sections:

- Appt Provider(s):** A dropdown menu set to 'All' and a search box for 'Provider Name'.
- Service Dt(s):** Date range filters set to '09/01/2016' to '09/30/2016'.
- Place of Service:** A dropdown menu.
- Claim Status:** A dropdown menu set to 'Insurance Accepted'.
- Assigned to:** A dropdown menu.
- Additional Insurance Condition:** A dropdown menu.
- Patient:** A search box for 'Search by Name'.
- Insurance:** A search box for 'Insurance Name'.
- Facility:** A search box.
- Assigned to User:** A search box with a star icon.
- Sort By:** A dropdown menu set to 'Service Date' and a 'Claim No' input field.
- Insurance:** Another search box for 'Insurance Name'.
- Payer #:** A search box.
- Type:** A dropdown menu set to 'All'.
- Balance:** A dropdown menu set to '>' and a value of '0.0'.
- Collection Status:** A search box.
- Show Claims Not in Collection:** A checkbox.
- No. of Statement >=:** An input field.

 At the bottom right, there are 'Clear' and 'Lookup' buttons. The bottom of the screen features a blue navigation bar with tabs for 'Claims', 'Billing', 'Claims IPE', 'Lock/unLock', and 'Copy'. On the right side of this bar, there are checkboxes for 'Locked Claims', 'Unlocked Claims', 'Finance Charge Claims', 'Voided Claims', and 'Zero Charge Claims', all of which are currently checked.

5. Double click the first claim to open.
6. Click on Billing Logs to review claim history. Research/follow up with payer.

Refer to # 7-11 in above section “Working Denied Claims” to complete this workflow.

Refunds

Identifying Claims to Refund

1. From the Billing Band, click Claims.
2. Select the Claim Status of "All Claims". Add additional filters as needed.
3. Choose the Balance < \$0 and click Lookup to display the list of claims with credit balance.

The screenshot shows the eClinicalWorks 10e Claims interface. The 'Balance' filter is set to '< 0.0' and highlighted with a red box. The 'Lookup' button is visible. A sidebar menu is open, showing 'Claims' as the selected option.

4. Double click on the claim to review. If refund is warranted, change the claim status to Refund Requested, add optional Notes as needed, and click OK to save and close the claim.

The screenshot shows the eClinicalWorks 10e Claim Detail interface. The 'Claim Status' is set to 'Refun requested' and highlighted with a red box. The 'Follow up' tab is active, showing 'Assigned To' and 'Start Date' fields.

- Once all claims have been reviewed, change the Claim Status filter to Refund Requested and click Lookup.
- Click Billing and choose View Claims Report to produce an excel spreadsheet of all accounts ready for refunds.

Creating Refunds

- From the Billing Band, click Refunds icon.
- Click Add to create a new refund.

3. In the Given To drop down, select Patient/Guarantor or Insurance.
4. In the Name field select the name for the refund
5. Enter the Date, Amount, Pmt Method, and Check No.
6. Click on the "Post Refund" button to find the claim(s) against which the refund is being posted.

Add Refund *

Given To

Patient/Guarantor

Name

Test,Annemarie

Name

Address

108 NEW GLENDALE RD , ELIZABETHTOWN , KY - 42701-1023

Facility

Pike County Health Dept

Amount \$

10.00

Type

Check

Received Date

10/07/2016

Check No.

101

Notes

Posted By: eclinicalworks,support

Date & Time: 10/07/2016 11:35AM

Post Refund

Refund Check

OK

Cancel

7. Choose claim based tab, select the claim(s) and enter the amount in the refund field.
8. Click on Post CPT to post the refund at CPT level.

Working with Patient Balances

Guarantor Statements

NOTE: Patient Statements must be generated by County and generated and printed one County at a time.

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to "Pay to Provider"
3. Uncheck the "All" button and click on the ellipses.

To select Providers:

1. In the Select Provider(s) pop up box, View field, click the drop down and change filter to "Providers by Billing Facility"
 - In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)
 - Check the box next to Providers to select all providers.
 - Click "OK"

| View | Providers By Billing Facility |
|-------------------------------------|-------------------------------|
| Facility | Westborough Medical Ass |
| <input checked="" type="checkbox"/> | Providers |
| <input type="checkbox"/> | Search Providers |
| <input checked="" type="checkbox"/> | Jones, Mary |
| <input checked="" type="checkbox"/> | Smith, John |

2. Set the remaining filters:

- Select the appropriate Service Date range
- Click the drop down next to "Facility" and change filter to "Practice".
- Click on the ellipses and select your Practice (County) from the Practice List pop up.
- In Patient Stmt Cycle filter select "Apply – Guarantor based" to apply 30-day cycle.
- Select "guarantor Name, Patient" in Sort Order filter.
- Check box "Include Claims Assigned to Patient only".
- (Optional) Check "Dunning Messages" to include system generated dunning messages based on claim aging and "Include Unposted Payments" to include accounts with payments not posted to encounters/claims.
- Set the Acct(Claim) Balance amount as required.

3. Click "Filter" to generate list of patients.

The screenshot shows the 'Accounts Lookup' interface. The top section contains various filters: 'Pay To Provider(s)' (All), 'Service Date(s)' (12/31/2010 to 03/20/2017), 'Place of Service', 'Practice' (with a search icon), 'Collection Status', 'Patient Stmt Cycle' (Ignore), 'Sort Order' (guarantor Name, Patient), 'Assigned to User', 'Insurance' (Insurance Name), 'Patient' (Search by Name), 'Collection Cycle', 'Acct(Claim) Balance' (> 10.00), and 'Name Filter'. On the right, there are checkboxes for 'Include Claims Assigned to Patient only', 'Dunning Messages', 'Include Unposted Payments', 'Don't Send Statements' Patients, 'Deceased', 'Consider claims from facilities marked as 'Exclude Charges from Statements'', and 'Include claims marked as 'Excluded from Statements''. A red box highlights the 'Filter' button. Below the filters is a table with columns: ACCOUNT NO, GUARANTOR NAME, PATIENT NAME, DOB, AMOUNT, PAYMENTS, BALANCE, PT. BALANCE, and PT. UNPOSTED. The table contains two rows of data. A red box highlights the 'View Account' button and the 'Patient Statements' dropdown menu.

| ACCOUNT NO | GUARANTOR NAME | PATIENT NAME | DOB | AMOUNT | PAYMENTS | BALANCE | PT. BALANCE | PT. UNPOSTED |
|------------|----------------|----------------|------------|--------|----------|---------|-------------|--------------|
| 9118 | Curran, Jeff P | Curran, Jeff P | 12/13/1960 | 265.00 | 250.00 | 15.00 | 15.00 | 125.00 |
| 3 | Jones, John | Jones, John | 12/12/1948 | 265.00 | 20.00 | 245.00 | 245.00 | 0.00 |

- To review accounts (optional), highlight patient and click "View Account" button to open the patient's Account Inquiry screen. Check box to select patients.
- Click the drop down next to Patient Statement and select "Guarantor Statements".
- Print Statements in EBO (eBO login screen should automatically pop up after generating statements)
 - In the eBO Log on screen, enter your eCW User Name and Password, click OK.

Log on Help x

Please type your credentials for authentication.

User Name:

Password:

OK Cancel

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- Click eCWEBO folder, then the Statements folder



- Click the blue hyperlink for "Guarantor Statement by Billing Facility PDF"



- Select Envelope size and accepted Payment Methods and click OK.

STATEMENT

Select Envelope: ☒ Envelope 9 ☐ Envelope 10

Payment Method: ☒ VISA ☒ MASTER CARD ☒ DISCOVER ☒ AMEX ☒ CHECK

[Select all](#) [Deselect all](#)

OK Cancel

- Print Statements in PDF
- Click "Yes" to create log for statements in patient account

Re-printing statements for a patient

Statements that have already been generated for a patient can be viewed or re-printed upon the patient's request from the 'Account Inquiry' section on the patient's Hub.

1. Select Account Inquiry

Patient Hub (TestBurns, Fred)

TestBurns Fred, (36Y, M) INFO

3424 Kemp St, Westborough, MA-01581
555-555-5515 | 07/23/1980
Account No: 16 | Messenger Enabled: No
Web Enabled: No |

Advanced Directive :
Insurance : Commercial
PCP : Jones, Mary
Rendering Pr : Jones, Mary

Billing

Patient Balance : \$0.00
Collection Balance :
Account Balance : \$0.00
Collection Status :
Assigned to :

Billing Alert Guarantor Balance
Account Inquiry Billing Logs

Appointments

Last Appointment : 01/14/2009 10:20 AM
Facility : TTFF:Boca South
Next Appointment :
Facility :
Bumped Appt: NONE Case Manager Hx:
New Appointment

Structured Data

Color of Hair
Color of Eyes

Labs DI Referrals
Actions Tel Enc Web Enc
Docs P2P

Progress Notes Patient Docs Action New Tel Enc
Medical Summary Devices Logs
Medical Record Consult Notes Letters Send Message
Problem List Flowsheets Print Labels Messenger
eClinicalForms PHM Hub

2. Click on the Statements button.

Copy Alerts View Claim Summary Statements Pt Payments Pt ePayments OK

Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

3. Click on the date of the statement you would like to print.

4. Print Statement

Generating Payor Invoices (P8)

NOTE: All contract payors should be included in the “Contracts P8” Insurance group. When claims are created by the automated job, the claim status of all claims in this group will automatically change to “Contracted Services”.

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to “Pay to Provider”
3. Uncheck the “All” button and click on the ellipses.

The screenshot shows the 'Accounts Lookup' form and the 'Select Provider(s)' pop-up. In the 'Accounts Lookup' form, the 'Appt Provider(s)' dropdown is set to 'Pay To Provider(s)', the 'All' checkbox is unchecked, and the ellipsis button is clicked. The 'Select Provider(s)' pop-up shows the 'View' dropdown set to 'Providers By Billing Facility', the 'Facility' dropdown set to 'Westborough Medical A', and the 'Providers' checkbox checked. A list of providers (Jones, Mary; Smith, John; Willis, Sam) is visible below.

4. To select Providers:
 - In the Select Provider(s) pop up box, View field, click the drop down next to “All Providers” and change filter to “Providers by Billing Facility”
 - In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)
 - Check the box next to Providers to select all providers.
 - Click “OK”
5. Set the remaining filters:
 - Select the appropriate Service Date range
 - Click the drop down next to “Facility” and change filter to “Practice”.
 - Click on the ellipses and select your Practice (County) from the Practice List pop up.
 - Select “Insurance, Patient” in Sort Order filter.
 - Select the Insurance OR change filter to Insurance Group and select “Contracts P8” to generate invoices for all payors.
 - UN-check box “Include Claims Assigned to Patient only”.

- (Optional) Check “Include Unposted Payments” to include accounts with payments not posted to encounters/claims.
- Set the Acct(Claim) Balance amount as required.

6. Click “Filter” to generate list of patients.
7. Check boxes to select accounts.
8. Click on the drop down next to Patient Statements and select “Payor Invoice”
9. Print Statements in EBO (eBO login screen should automatically pop up after generating statements or log into eBO from Reports menu)
 - In the eBO Log on screen, enter your eCW User Name and Password, click OK.

- Click eCWEBO folder, then the Statements folder

10. Click the blue hyperlink for “Guarantor Statement by Billing Facility PDF”

| | | | | |
|--------------------------|--|---|---------------------------|-------------------------|
| <input type="checkbox"/> | | Patient Statement Report Billing Facility | April 25, 2013 2:05:48 PM | More... |
| <input type="checkbox"/> | | Patient Statement Report Billing Facility PDF | April 25, 2013 2:06:19 PM | More... |
| <input type="checkbox"/> | | Payer Invoice Report | May 14, 2013 6:38:56 PM | More... |
| <input type="checkbox"/> | | Payer Invoice Report By Billing Facility | April 25, 2013 2:08:46 PM | More... |

11. Select Invoices to be printed



The image shows a software window titled "Payer Invoice Report". On the left, there is a label "Select Invoice:". To its right is a list box containing the following invoice numbers: 7997, 8305, 8723, 8765, 9122, 9150, 9155, 9329, 9342, 9425, and 9453. Below the list box are two links: "Select all" and "Deselect all". At the bottom right of the window are two buttons: "OK" and "Cancel".

| Invoice Number |
|----------------|
| 7997 |
| 8305 |
| 8723 |
| 8765 |
| 9122 |
| 9150 |
| 9155 |
| 9329 |
| 9342 |
| 9425 |
| 9453 |

12. Print Invoices in PDF

Working with Hard Closed Transactions

Redistribute Patient Payments

If a patient payment is hard closed, and needs to be moved to another claim:

1. Create a \$0.00 patient payment with today's date, following the patient payment workflow.
2. Click the Claims button to select claims. Remove the ">" from the Claim Balance filter and click Get Claims.
3. Check the original claim and the claim you want to move the money too. Click OK.

Payment Posting

Patient Based Insurance Based Guarantor Based

Test Lindsey 27Y, F Sel Info Hub

DOB 01/01/1990

Tel

Acct No ECW11584

WebEnabled: No, Eligibility Status: Not Eligible

Facility

Claim Balance > 0 Get Claims

| | Patient | Claim No | Service Date | Pvdr | Facility | Claim Amount | Claim Balance | Patient Balance | Last Statement |
|-------------------------------------|---------------|----------|--------------|------|----------|--------------|---------------|-----------------|----------------|
| <input type="checkbox"/> | Test, Lindsey | 571 | 05/10/2016 | JD | Pike | 65.00 | 6.50 | 6.50 | |
| <input type="checkbox"/> | Test, Lindsey | 564 | 05/10/2016 | JD | Pike | 67.88 | 6.79 | 6.79 | |
| <input type="checkbox"/> | Test, Lindsey | 566 | 05/10/2016 | JD | Pike | 67.88 | 6.79 | 6.79 | |
| <input checked="" type="checkbox"/> | Test, Lindsey | 567 | 05/10/2016 | JD | Pike | 65.00 | 65.00 | 65.00 | |
| <input checked="" type="checkbox"/> | Test, Lindsey | 569 | 05/10/2016 | JD | Pike | 0.00 | 0.00 | 0.00 | |

4. Enter a negative amount on the original claim, and an offsetting positive amount to the new claim.
5. Click OK to close the payment.

Receive Payments

Patient Payment

Patient Test, Lindsey
 DOB: 01/01/1990 Age: 27Y Sex: F
 Tel: , Acct No: ECW11584
 WebEnabled: No

Facility Test 2

Memo

Batch No 0

Deposit Date MM/DD/YYYY

Date 03/20/2017

Amount \$ 0.00

Pmt. Method Cash

Check No.

Unapplied Amount: 0.00

Patient Insurance (s)

Insurance:

Co Pay:

Claims Paid (with this payment) Auto Post Gr. Clms (F3) Auto Post Pt. Clms (F4) Auto Post

| Claim Id | Patient Name | Svc Dt. | Appt. Reason | Clm Balance | Pat Balance | Payment |
|----------|---------------|------------|--------------|-------------|-------------|---------|
| 567 | Test, Lindsey | 05/10/2016 | | 65.00 | 65.00 | 65.00 |
| 569 | Test, Lindsey | 05/10/2016 | | 0.00 | 0.00 | -65.00 |

Posted By: ecw,Liz Locked By:

Date & Time: 3/20/2017, 8:02:57 PM

Print Receipt Visits Claims Delete Post CPT Save & New (F7) OK (F8) Cancel (F9)

Void and Recreate Claims

When a CPT code needs to be added/removed/changed on a claim in a billing period that has been hard closed, the void/recreate process will need to be followed. This method will ensure that the changes are captured in the current month instead of changing the previous month's figures.

1. Open the claim to be voided and created – click the "Options button at the bottom left. Select "void and Recreate"
2. The header of the claim window will now read "Claim<Voided to:{claim #}], Copied to: [claim #]"

Claim <Voided To: 613, Copied To: 614> (Practice: , Site ID:)

Test, Annemarie 16Y, Female | 10/01/2000 | No | Acc #9431

Claim No: 612 | Appt Facility: Pike:Pike County Health | POS: 11 | Billing: Willis, Sam,Multi

Service Date: 10/07/2016 | Servicing Provider: Willis, Sam,Multi | Rendering: Willis, Sam,Multi

Claim Date: 10/07/2016 | Resource: Willis, Sam,Multi | Supervisor: Willis, Sam,Multi

Locked | Copay: 25.00 | Pt. Uncovered Amt: 0.00 | Claim Status: Ready to Submit (Electronic)

Ready to Submit (F6) Set Status to HCFA (F7) Set Claim to Electronic (F8)

ICD & CPT | Insurances & Payment | Additional Information

ICD Codes (1) | Map to ICD10 | Prev Dx | Add | Remove

| # | Code | Name |
|---|-------|-------------------------|
| 1 | A42.1 | Abdominal actinomycosis |

Insurances

| Name |
|------------------------|
| Health Cost Solutions |
| Anthem KY Medicaid MCO |

Labs/Diagnostic Imaging/Imm

| # | IH/SO | Type | Name |
|---|-------|------|------|
|---|-------|------|------|

CPT/HCPCS

| # | Code | POS |
|---|-------|-----|
| 1 | 99233 | 11 |

View Logs

- Print Claim Summary
- Reload Insurance(s) from Demographics
- Reapply Modifier Percentages
- Re Assign Provider Numbers
- Convert To Dental
- Convert To UB
- Delete Claim
- UnLock Claim
- Void And Recreate Claim**
- Void And Split Claim
- Split Claim
- Check Claim Status(276/277)
- My Settings

Summary | Error | Claims Logs | Suppressed Error

Header | Data | **Option** | Print HCFA (02-12) | Adjustments | Prog. Notes | CPT Payers

Fee Schedule: Master Fee Schedu

| M2 | M3 | M4 | ICD1 | ICD2 | ICD3 | ICD4 | Units | Billed Fee | Pro Id |
|----|----|----|------|------|------|------|-------|------------|-----------|
| | | | 1 | | | | 1 | 100.43 | 611010363 |

Patient Portion

| Patient Responsibility | Charges | Total |
|------------------------|---------|-------|
| 25.00 | 100.43 | |
| 0.00 | 10.00 | |
| 25.00 | 90.43 | |

Claims

Appt Provider(s) ☐ All ...

Service Dt(s) To

Place of Service

Claim Status

Assigned to

Additional Insurance Condition

Patient Name

Insurance ...

Facility

Assigned to User ...

Sort By Claim No

Insurance ...

Payer # Ir Type

Balance 0.0

Collection Status

☐ Show Claims Not in Collection

No. of Statement >=

Clear

Lookup

Claims Billing Claims IPE Lock/unLock Copy

☒ Locked Claims ☒ Unlocked Claims ☒ Finance Charge Claims ☒ Voided Claims ☒ Zero Charge Claims

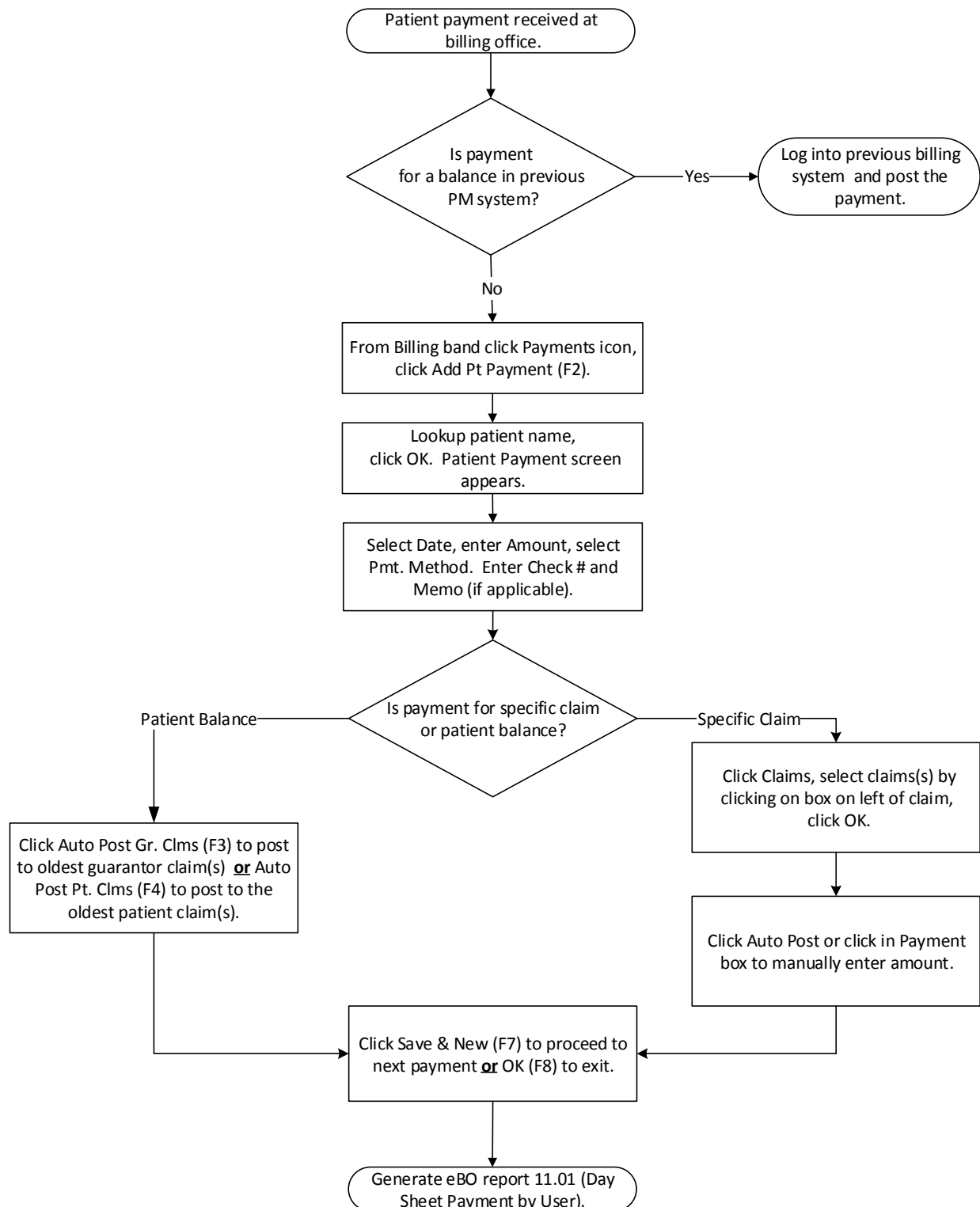
| | COLL | CLAIM # | SERVICE DATE | PVDR | PATIENT | PAYER | STATUS | CHARGES | PMTS/ADJS | ADJUSTMENT | WITHHELD | BALANCE |
|-------------------------------------|------|---------|--------------|------|-----------------------|-----------------------|-----------------------|---------|-----------|------------|----------|---------|
| <input type="checkbox"/> | | 609 | 10/07/2016 | SW | INTEREST PURCHASE INT | | Pending | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| <input type="checkbox"/> | | 610 | 10/07/2016 | SW | Test, Annemarie | Health Cost Solutions | ERA PAYER DENIED | 100.43 | 35.00 | 0.00 | 0.00 | 65.43 |
| <input checked="" type="checkbox"/> | V | 612 | 10/07/2016 | SW | Test, Annemarie | Health Cost Solutions | Ready to Submit (...) | 100.43 | 10.00 | 10.00 | 0.00 | 90.43 |
| <input type="checkbox"/> | | 614 | 10/07/2016 | SW | Test, Annemarie | Health Cost Solutions | Ready to Submit (...) | 100.43 | 10.00 | 10.00 | 0.00 | 90.43 |

- The system will create a second claim that is an exact mirror opposite of the original claim and a “live” claim that can be edited as needed
- Any payments and/or adjustments linked to the original claim will now be linked to the “live claim”
- The voided and new claims will have the claim status of the original claim. It is important that the status be the same for the original claim and the voided claim or the patient balance will be incorrect in account inquiry and patient statements
- The claim status on the “live” claim can be changed

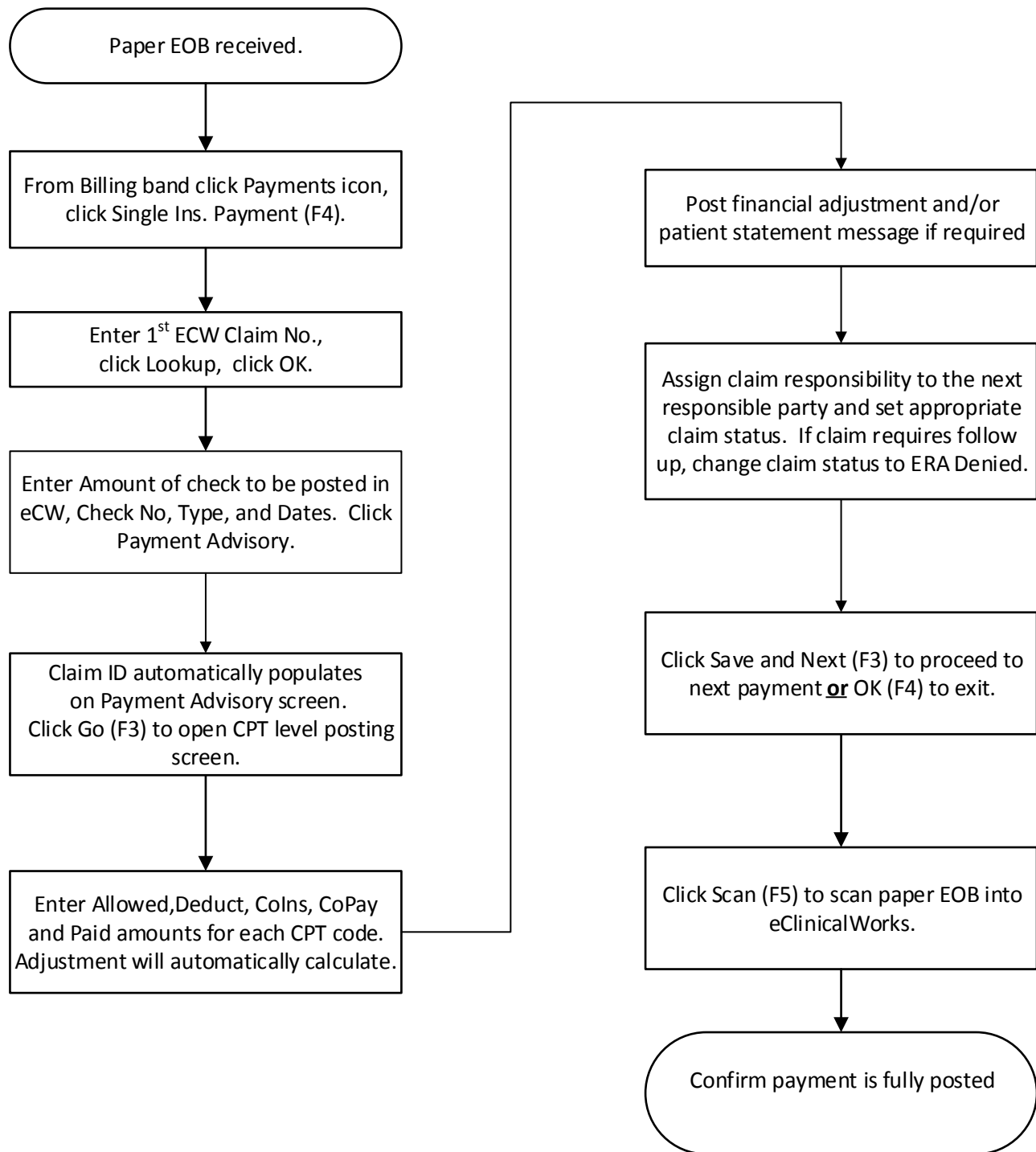
It is important that all changes are made on the “live” claim

Billing Workflows

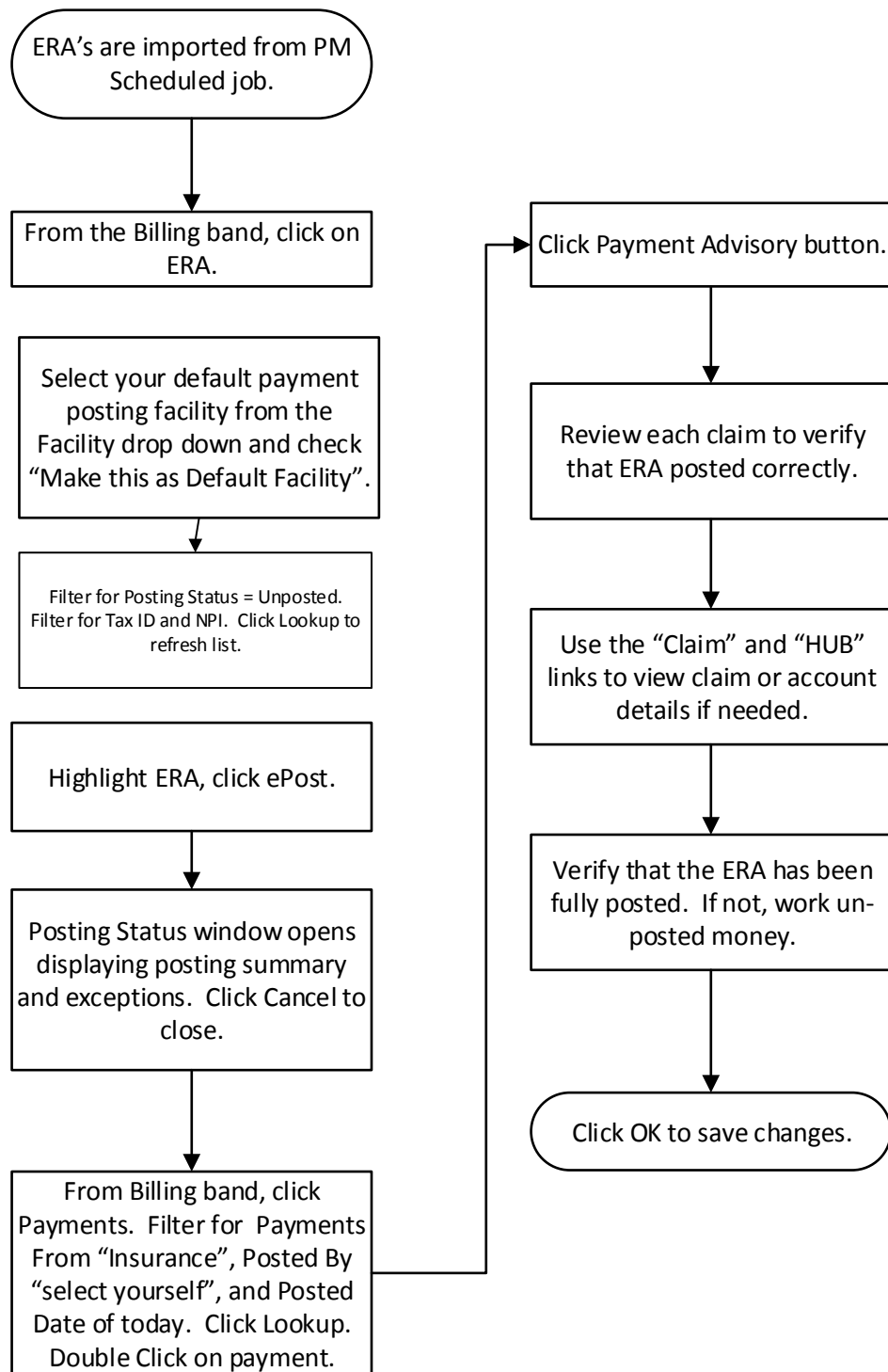
Posting Patient Payments from Billing Band



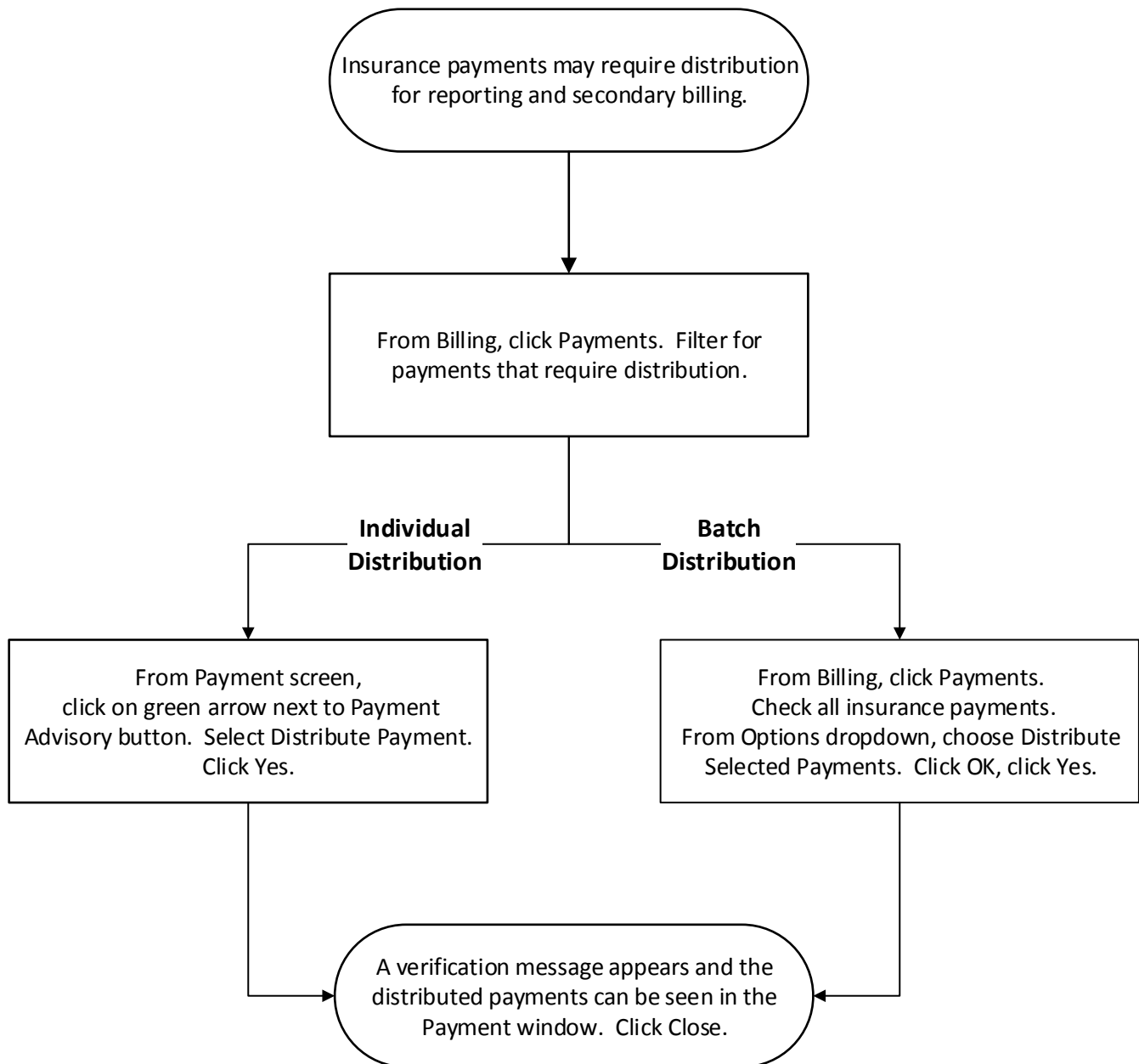
Posting Insurance Payments from EOB's



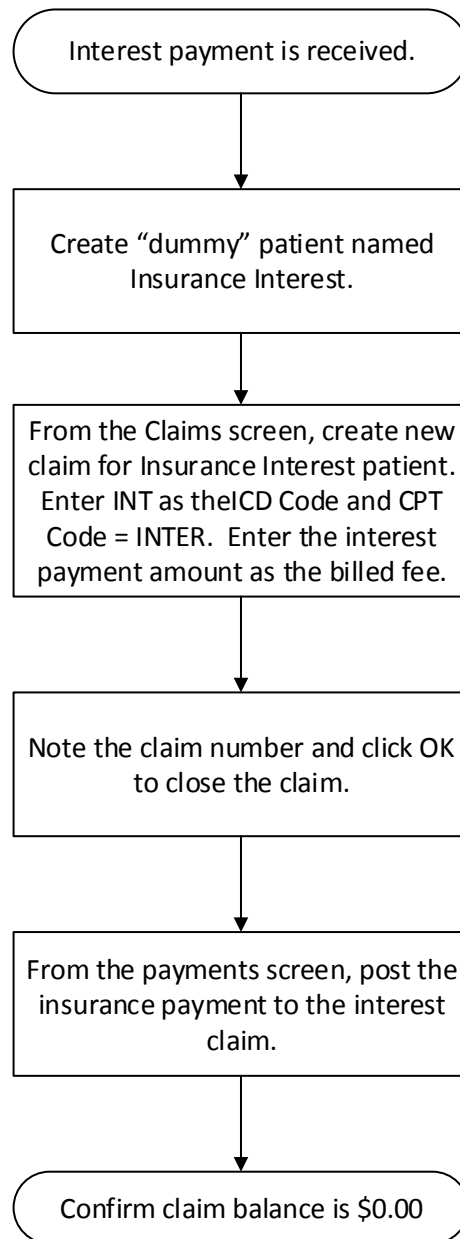
Posting Insurance Payments from ERA's



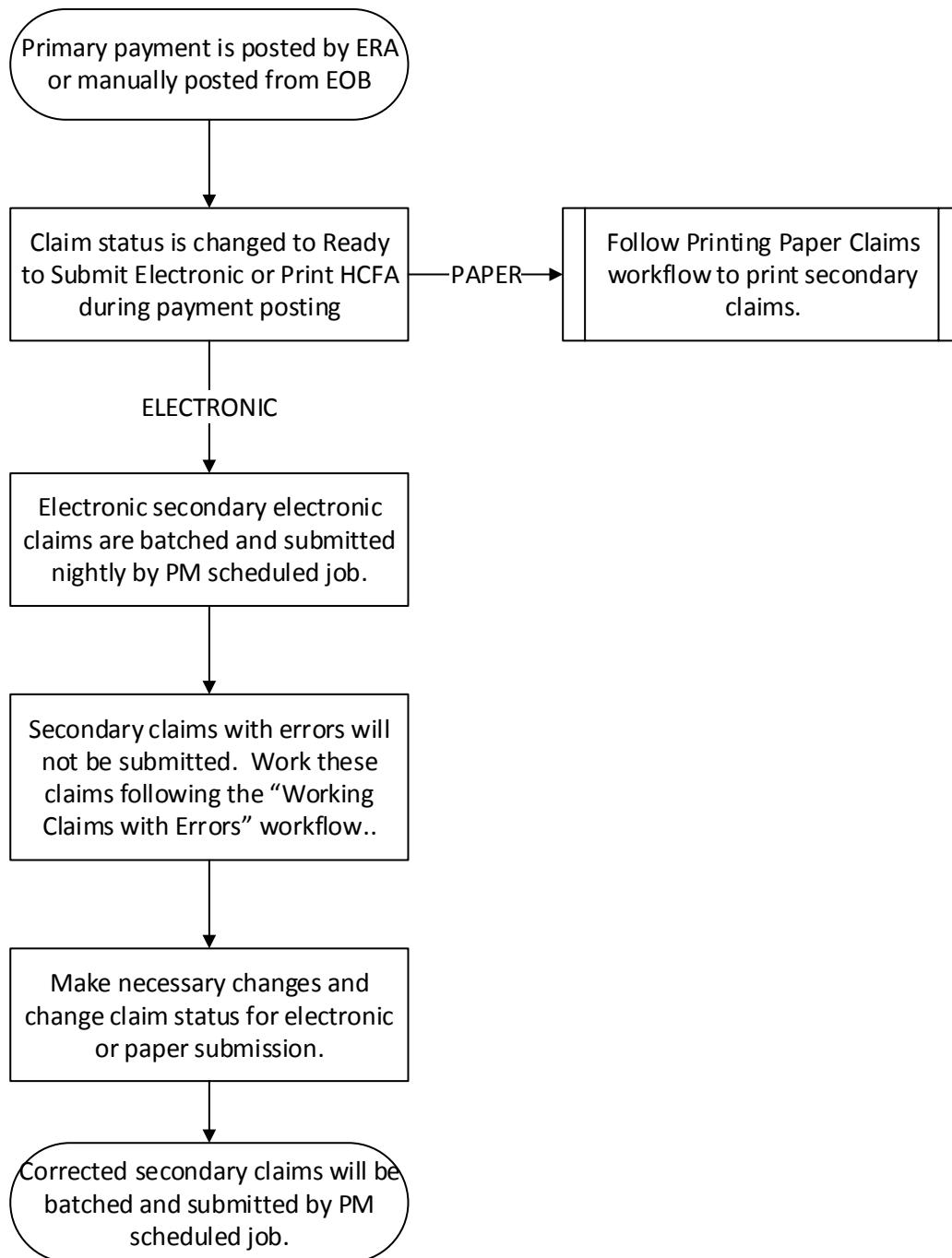
Distribute Payments-Insurance (Optional)



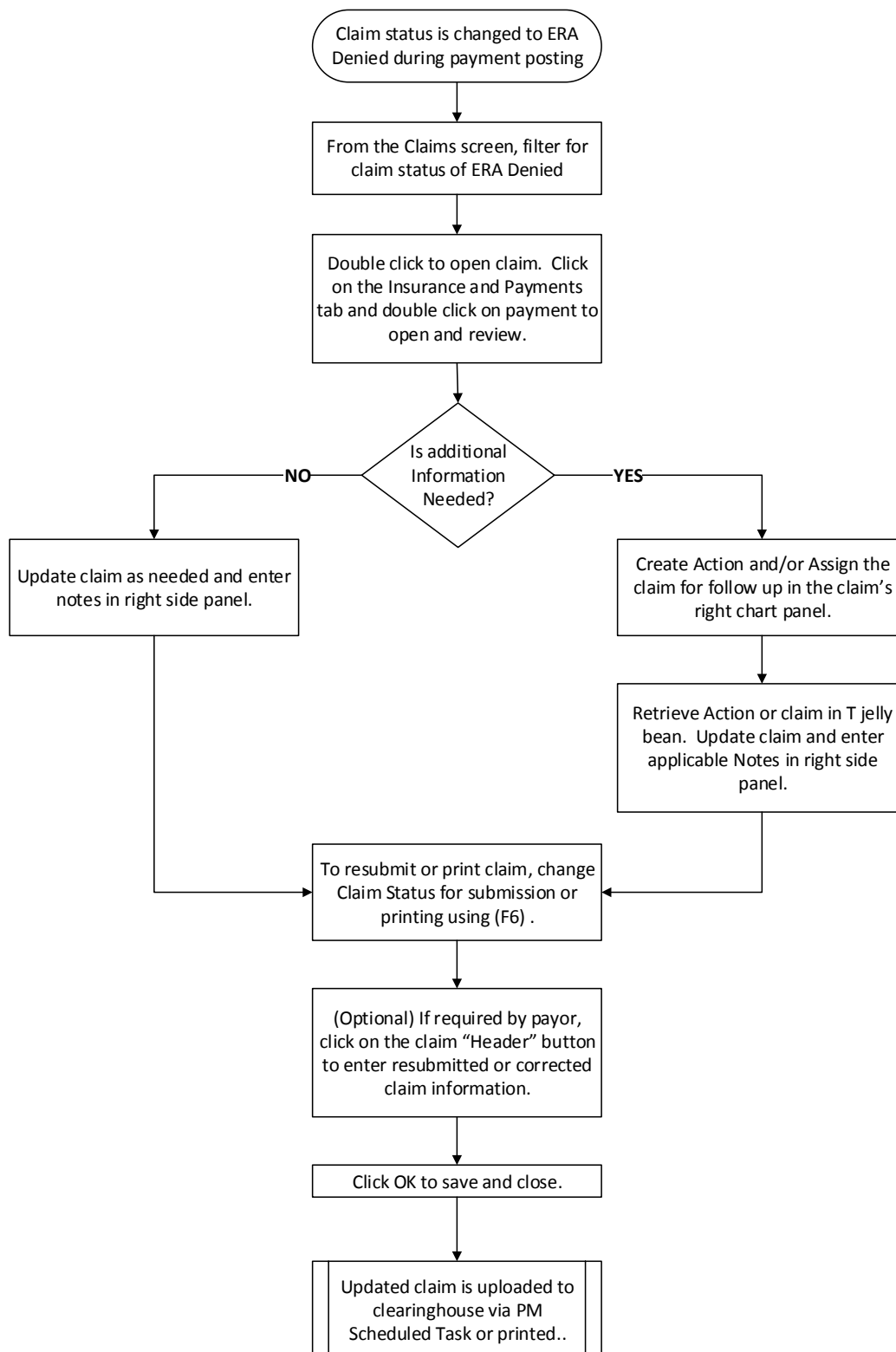
Posting Interest Payments



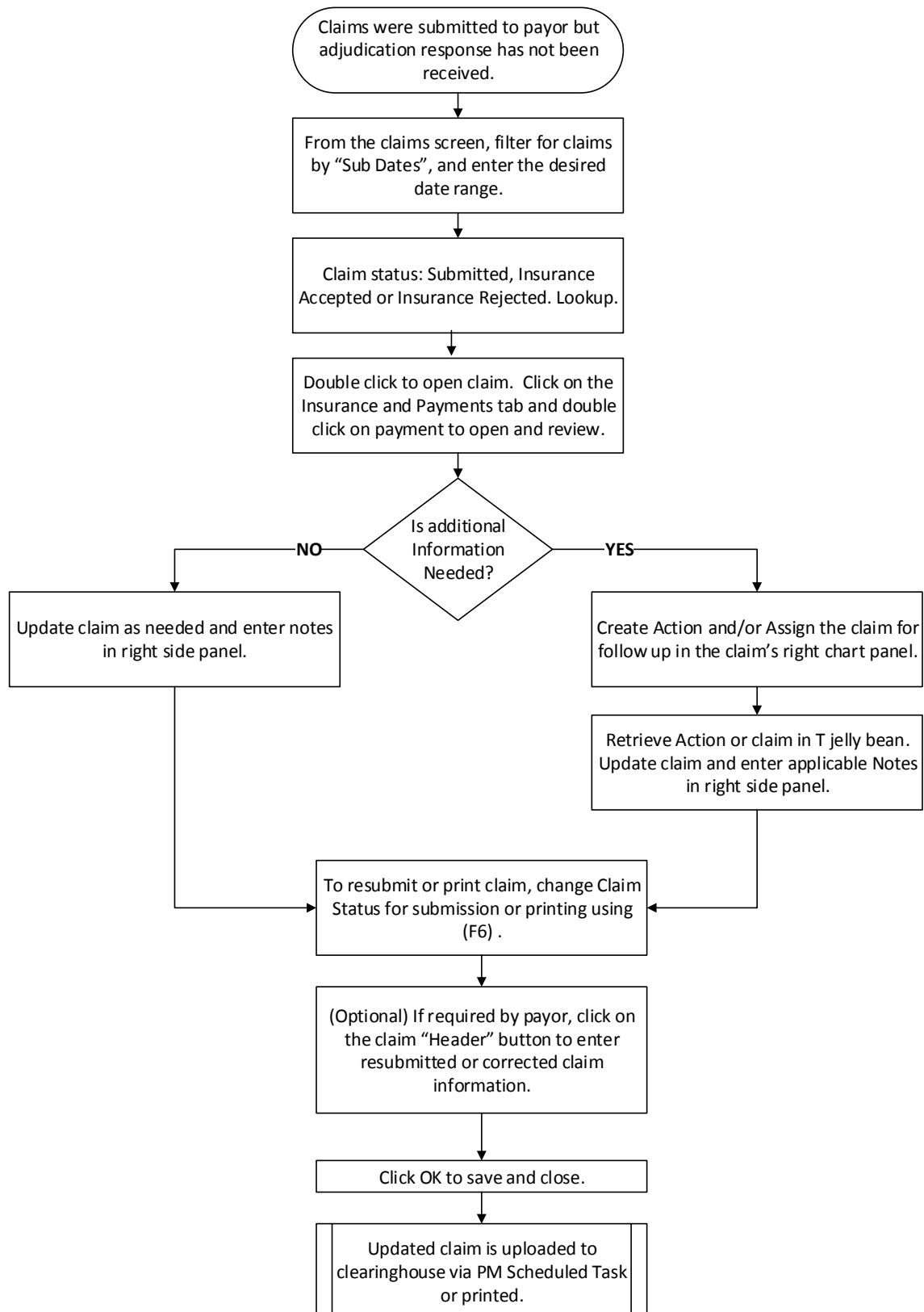
Secondary Claims



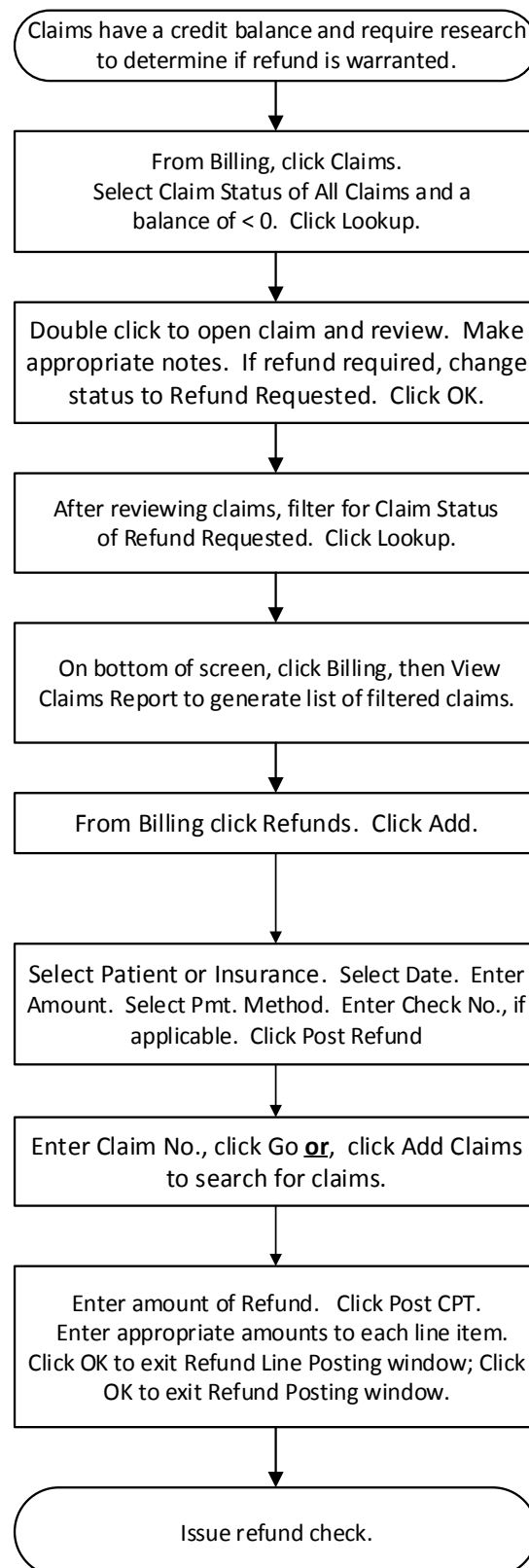
Working Denied Claims



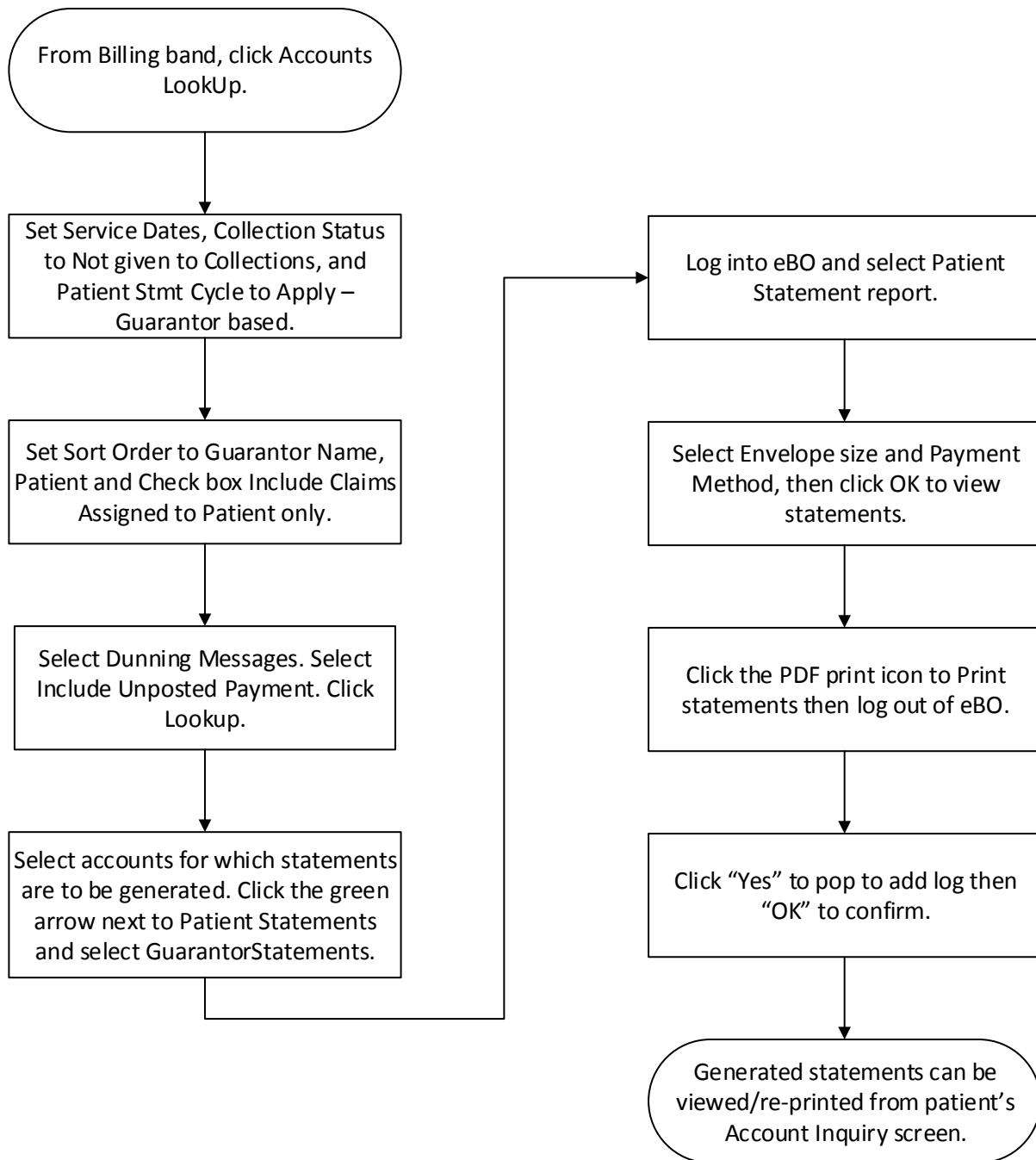
Working Unpaid Claims



Refunds



Guarantor Statements



Appendix A: Notices

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